

NOTIFICATION OF OPENING AT CHILD DEVELOPMENT CENTER

***** INFORMATION ABOUT SPONSOR/CHILD *****

SPONSOR'S NAME _____ RANK _____

CHILD/CHILDREN'S NAME _____ DOB _____

**** INFORMATION ABOUT OPENING ****

PROGRAM OFFERED:

____ FULL DAY ____ KINDERGARTEN ____ PART DAY PRESCHOOL (T - TH)
 ____ PART DAY PRESCHOOL (M - W - F)
 ____ PART DAY PRESCHOOL (M - F)

AGE GROUP: (Infant) 6WK - 18 MOS (Toddler) 18 MOS - 36 MOS
(Preschool) 3 YRS - 5 YRS (Kindergarten)

DATE OFFERED _____ STARTING DATE IS _____

PATRON HAS CONTRACT APPOINTMENT SCHEDULED FOR

CR CONTACT PATRON TOLD TO BRING APPLICATION/LES Y N

CDS STAFF USE ONLY
CHECK APPROPRIATE SPACES

____ PATRON SIGNED THE CONTRACT AND THE CHILD WILL START ON THE DATE
INDICATED ABOVE.

PATRON DECIDED NOT TO ACCEPT SLOT

PATRON DID NOT COME TO THE CENTER OR CALL THE CENTER.

REQUIRED FORMS: FCP IS DUE: _____
 HA IS DUE: _____
 SHOTS DUE BEFORE RECEIVING CARE: _____
 SPECIAL NEEDS YES NO IF YES _____

EXPLAIN _____

INITIALS OF CDS PERSONNEL COMPLETING CDS PORTION OF FORM

DISTRIBUTE THIS FORM AS STATED BELOW:

ORIGINAL - RETAIN AT THE CENTRAL REGISTRATION OFFICE
COPY #1 (YELLOW) - FORWARD TO CENTER CLERK WITH COPY #2
COPY #2 (PINK) - RETURN TO CENTRAL REGISTRATION OFFICE